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## Sustainability and Transformation Plans (STPs)

### Key Facts

#### What is an STP?

NHS England and local councils have come together in 44 areas covering all of England (excl Thames Valley) to develop proposals and make improvements to health and care.

These proposals, called Sustainability and Transformation Plans (STPs), are place-based and built around the needs of the local population.

STPs set out practical ways for the local NHS to improve NHS services and health outcomes locally across the country.

They aim to help meet a 'triple challenge' set out in the NHS Five Year Forward View – better health, transformed quality of care delivery, and sustainable finances.

Each area has produced its own sustainability and transformation plan for the next few years.

With services feeling the strain in resources, it is predicted that collaboration between organisations will give nurses, doctors and care staff the best chance of success.

#### What information does an STP include?

Proposals have now been published for every part of England (excl Thames valley), but they are all at different stages and **there is time to influence how they are developed and shaped**. Find them at <https://www.england.nhs.uk/stps/view-stps/>

Each pack includes headline opportunities, improvement opportunity tables and 'pathways on a page' (including Heart Disease) showing how CCGs in each STP perform (in terms of potential lives to be saved) against 10 similar CCGs and also against the top 5 CCGs. The stated intention is aligned with NHS Right Care to reduce unwarranted variation.

Each STP focuses on the same 6 broad areas:

- Cancer
- Trauma and Injuries
- Gastro Intestinal
- Respiratory
- Circulation (ie heart)
- Neurological

The circulation metrics (patients, life years, referrals etc) are measured against:

- Circulation - Rate of bed days
- Mortality from all circulatory diseases under 75 years
- Reported to estimated prevalence of CHD
- Reported to estimated prevalence of hypertension
- Patients with CHD whose BP < 150/90
- Patients with CHD whose cholesterol < 5 mmol/l
- Patients with hypertension whose BP < 150/90
- Mortality from CHD under 75 years
- Mortality from acute MI under 75 years
- Patients with stroke/TIA whose BP < 150/90
- % stroke/TIA patients on antiplatelet or anticoagulant
- Stroke patients spending 90% of their time on stroke unit
- Emergency readmissions within 28 days for stroke patients
- % patients returning home after treatment
- Mortality from stroke under 75 years
- High-risk AF patients on anticoagulation therapy
- Reported to estimated prevalence of AF
- Patients who go direct to a stroke unit (quarter)
- Stroke patients treated by early supported discharge team (quarter)

Potential spend savings are given in terms of:

- Spend on elective and day-case admissions
- Spend on non-elective admissions
- Spend on primary care prescribing

The STP reports performance against peers against 19 specific conditions on the pathway pages.

### **The partners**

STPs were initially set out in the NHS Shared Planning Guidance and the support implementation of the Five Year Forward View. They are supported by the six national health and care bodies:

- NHS England
- NHS Improvement
- Care Quality Commission (CQC)
- Health Education England (HEE)
- Public Health England (PHE)
- National Institute for Health and Care Excellence (NICE).

### **Who drew up the proposals?**

STPs are the NHS' own proposals to improve services for patients. They are being built in partnership with elected local councils and in discussion with the communities they serve.

A collaborative approach has allowed local leaders to plan around the needs of whole areas, not just those of individual organisations.

Plans are arranged across 44 geographical areas (or 'footprints') which cover the whole of England. They are led by well-respected figures from different parts of the NHS and local government, including chief executives of NHS trusts, accountable officers of clinical commissioning groups (CCGs), local government senior leaders and clinicians.

Each area is responsible for agreeing what area and leadership model work best locally.

### **What is the status of STP proposals?**

Proposals have been published, but STPs are still evolving.

### **What does this mean for patients?**

There are big opportunities to change outdated models of care so and instead provide care based around their needs and not those of individual organisations.

### **What about NHS frontline staff?**

The proposals are based on local knowledge about the priorities and challenges in different parts of the country. Frontline staff are crucial to understanding these. Many STP leadership teams include clinical representatives and several footprint leaders come from a clinical background.

STPs have allowed areas to think about long-term solutions to local workforce challenges, as well as supporting staff to develop their skills and provide the best care possible for patients.

### **What will happen next?**

STPs are still evolving, but plans for 2017 include:

- Expanding engagement to include the medical royal colleges, trade unions, the voluntary and community sector, and others
- Reviewing STP requests for extra funding, and deciding which ones can be funded (via <https://www.england.nhs.uk/stps/tf-call-to-bid/>). (Initial calls to bid for the first wave of funding were made in December 2016, with 18 January 2017 deadline. Notifications due in March.
- Encouraging STPs to learn from each other.
- Investing a growing share of national resources into implementing STPs and related national change programmes
- From April 2017, STPs will become the single application and approval point for local organisations to access NHS transformation funding.

No changes to the services people currently receive will be made without local engagement and, where required, formal public consultation. Longstanding assurance processes are in place to make sure this happens.

### **What will happen to STPs in future years?**

STPs were never designed to answer every question facing health and care services. But they are important in getting the right groups of people to think about what fundamental changes are needed locally, today. Ultimately, the NHS must turn STPs into delivery partnerships focused on implementing the proposals. It is expected that most will become forums for shared decision-making, supplementing the role of individual boards and organisations, although a small number of STP partnerships may evolve into integrated or 'accountable' care systems.

*The Alliance for Heart Failure is a coalition of charities, patient groups, professional bodies and corporate members for the purpose of raising the profile of heart failure in Government, the NHS and the media.*

***The Alliance for Heart Failure is supported and funded by Bayer, Medtronic Limited, Novartis Pharmaceuticals UK Ltd, and Roche Diagnostics Ltd.***